PTO/SB/06 (08-03)

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to a collection of information unless it displays a valid OMB control number.

Unde	PATE	NT APPLICA	ATION F Substitute	RECORD	CORD Application of Docket Number 555 595					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED				NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						s	OR		<u></u>	
TOTAL	CLAIMS R 1.16(c))		minus 20 =			x \$=		OR	x s=	
INDEF	ENDENT CLAIMS	+	minus 3 *					OR	x s=	
(37 CFR 1.16(b)) minus 3 * MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ 5=		OR	+ 5=			
*If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										
2	Column 3)				(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
9		(Column 1) CLAIMS REMAINING AFTER	,	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	AMENDMENT	Minus '	PAID FOR	=		100	OR	x 5=	
	(37 CFR 1.18(c))	26		<u> </u>		× \$=	 	1	x s =	
	Independent (37 CFR 1.16(b))	<u> </u>		<u>S</u>		x s=	 	OR	^*	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s=	 	OR	+s=	
					ADD'L FEE		OR	ADD'L FEE	L /	
		(Column 1)		(Column 2)	(Column 3)		,	٦ .		
AMENDMENT .		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT /	Minus	- 31	* /	x \$=		OR	x s=	
	(37 CFR 1.16(c)) Independent (37 CFR 1.18(b))	· al	Minus	- 5	• /	x s=		OR	x se	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.46(d))					+5=		OR	+ \$=	
-	PIRSI PRESENT					TOTAL ADD'L FEE		OR	ADD'L FEE	
١.		vo	:	(Column 2)	(Column 3)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_ :		
0 1		(Column 1) CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus.	" 3/	-	× 5 e		OR	x 5*	<u> </u>
ENDME	OT CFR 1.18(cl)	14	Minus		.=	× \$=		OR	x \$=	
AME	(37 CFR (18(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT QLAIM (37 CFR 1 18(d))					+5 =		OR	+ 5=	
1	FIRST PRESENTATION OF MOUTHFEE DESCRIBER.					TOTAL ADD'L FEE		OR.	TOTAL ADD'L FEE	
	• If the entry in	column 1 is less th	ian the entr	y in column 2, w	ite "0" in colum	n 3.		'"۔ لیہ	•	
		Number Previous Number Previous		IM IMIS SEVER	19 1090 nion a		in the approx	oriate box in	column 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use the properties of the process of the properties of the complete application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the Amount of time you require to complete this form and/or suggestions for reducing this patent on the suggestion of the USPTO.